

# Emmanuel Free Methodist Church Foster Care Financial Assistance Grant

Emmanuel Free Methodist Church offers financial assistance in the form of grants to families who are following God’s call to become involved in or expand their involvement in fostering. While we will prayerfully consider all grant applications, due to limited resources all qualified applicants may not receive funding.

The first step to be considered for the grant involves reviewing and completing this application. The completed application must be submitted to:

**Emmanuel Free Methodist Church**  
**Attn: Foster Care Financial Assistance Grant**  
**3993 Fosterburg Road, Alton, IL 62002**

**Personal Information**

Applicant # 1 Name:
Applicant # 1 Cell Phone:
Applicant # 1 E-mail Address:
Applicant # 2 Name:
Applicant # 2 Cell Phone:
Applicant # 2 E-mail Address:

Home Address:		
Home Phone:		
Date of Marriage (if applicable):		
Number of Adults in Household:		
Number of Children in Household:		
Children’s Names:	Ages:	

**Licensing Agency Information**

Licensing Agency:
Address:
Licensing Worker's name, phone number and e-mail address:
Do you give consent for a representative to contact your licensing worker if needed? Yes    No

**Pride Trainer's Information**

Trainer #1: Name, phone number and e-mail address:
Address:
Trainer #2: Name, phone number and e-mail address:
Address:
Do you give consent for a representative to contact your pride trainers if needed? Yes    No

**Home Church Information**

Church Name:
Pastor's Name:
Phone:
Address:
Number of years attending:
Are you a member?

\*\*We require a pastoral/church leader reference letter to be submitted with your application. Please give the enclosed forms to your references and request they return them directly to Emmanuel Free Methodist Church.

**Specific Request for Assistance**

Please explain in detail what barrier(s) you are facing in licensing your home or expanding your involvement in the foster care journey.

If applicable, have you spoken with your licensing worker? If so, what does he/she say about what needs to be done to overcome the barrier(s)?

Has a contractor completed an estimate of costs? If yes, please list the costs below.

How much of the project's expected cost does your family plan to contribute?

If it is available, do you request assistance from a volunteer work team to complete labor?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown at this time \_\_\_\_\_

For what types of children are you becoming licensed or are currently licensed? (i.e., age, gender, number of siblings, specific special needs)

Please provide detailed answers to the following questions for **each** applicant. Attach a separate sheet of paper if needed. If you prefer to answer these questions in person, contact us to schedule a meeting. Both applicants must be present, if applicable.

1. What is your motivation for fostering? What prior or current experience do you have with fostering?
2. Tell us about your faith background and the ways God has worked and is currently working in your life.
3. What is your understanding of the challenges facing children who are placed in a foster home? Consider what the challenges are and what circumstances have led to them.

4. In what ways do you plan to support a child's connection to his/her past? Can you support the reunification of a child you are fostering to his/her birth family?

5. Should your situation lead to adoption, what are your thoughts about maintaining a child's connections with important people from his/her past? (i.e., birth family, former foster parents, etc.)

Please read the attached Statement of Faith, Statement on Marriage, Gender & Sexuality, and Core Values (of The Restore Network). By initialing below, you are confirming that you share these beliefs and Biblical values.

Applicant # 1 \_\_\_\_\_ Applicant # 2 \_\_\_\_\_

In addition to this application and the reference letter, the grant committee may request the following supporting documentation:

- Confirmation from Licensing Agency
- 3 contractor bids
- Site visit by grant committee member

*I/we acknowledge that this application has been made for the purpose of receiving financial support in becoming or expanding involvement as a foster family. I/we understand that completing and submitting this application does not guarantee the awarding of financial assistance. By signing this application, I/we acknowledge that all of the information provided in the application is truthful and accurate, and if any statement is determined to be false, the application may be declined or (if already approved) revoked. I/we understand, authorize and agree that the application will be reviewed by the Grant Selection Committee of Emmanuel Free Methodist Church, and hereby authorize the committee to obtain personal information from those individuals listed as references in this application.*

Applicant # 1 Signature \_\_\_\_\_

Applicant # 1 Print Name \_\_\_\_\_

Applicant # 2 Signature \_\_\_\_\_

Applicant # 2 Print Name \_\_\_\_\_

*Submit Application to:*

**Emmanuel Free Methodist Church  
Attn: Foster Care Financial Assistance Grant  
3993 Fosterburg Road, Alton, IL 62002**

*Once received, a representative of the Grant Selection Committee will contact you by phone within 30 days. There is a limited amount of funds that can be awarded, and each application will be prayerfully considered. Once all required paperwork has been submitted, a decision will be given within 60 days. No final approval will be given until Pride training has been completed.*